



# APPLICATION FOR SURVIVING SPOUSE BENEFIT

State Form 44511 (R3 / 10-06)  
Approved by State Board of Accounts, 2006

Indiana State Teachers' Retirement Fund  
150 West Market St., Suite 300  
Indianapolis, IN 46204-2809  
Telephone: (317) 232-3860 / (888) 286-3544  
Home Page: <http://www.in.gov/trf>

## PRIVACY NOTICE

Your Social Security number is being requested by the Fund pursuant to Internal Revenue Service Code 3405. Disclosure of this information is mandatory. This form cannot be processed without it.

## INSTRUCTIONS:

1. Please complete the necessary information by printing or typing in ink.
2. Please sign the application in the presence of a Notary Public.

## PART I – SURVIVING SPOUSE CERTIFICATION

I hereby certify that I am the surviving spouse of:

Member's Name		Member's Social Security Number		Member's TRF Number	
who died on	Date of Death , 20	and that we were united in marriage on		Date of Marriage ,	
and that I elect to receive the eligible Surviving Spouse benefit as directed below:					
ALTERNATIVE I	I hereby elect to have the Annuity Savings Account of my deceased spouse paid to me as an annuity.				
ALTERNATIVE II	I hereby elect a distribution to me equal to the entire amount credited to the Annuity Savings Account of my deceased spouse.				
ALTERNATIVE III	I hereby elect a distribution to me equal to the "Federal Tax Basis" (after tax contributions) in the Annuity Savings Account of my deceased spouse as it existed on December 31, 1986, and receive the balance of the account as an annuity.				
Social Security Number of Surviving Spouse			Address (Street Name or P.O. Box)		
Printed Name of Surviving Spouse			City	State	ZIP Code
Signature of Surviving Spouse			Telephone Number ( ) -		

## PART II – NOTARY PUBLIC CERTIFICATION

State of \_\_\_\_\_

SS:

County of \_\_\_\_\_

Before me the undersigned, a Notary Public for \_\_\_\_\_ County,

Officer's county of residence

State of \_\_\_\_\_, personally appeared \_\_\_\_\_

Name of person

And they, being first duly sworn by me upon their oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

(Signature)

Printed or typed name of officer

My commission expires: \_\_\_\_\_

(SEAL)